2005 Utah HIV/AIDS Unmet Need Report

Utah Department of Health
Bureau of Communicable Disease Control
HIV/AIDS Treatment and Care Program

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Introduction

On August 18, 1990, Public Law P.L. 101-381[1] established a federal program titled The Ryan White Comprehensive AIDS Resource Emergency (CARE) Act. The program, administered by the Health Resources and Services Administration (HRSA), established a system of health care services for people living with and affected by HIV and AIDS thus greatly improving the quality and availability of medical and social programs across the nation. Amended in 1996 and again in the year 2000, now known as P.L. 106-345, the law requires each Title I and Title II service-providing program to "determine the size and demographics of the population of individuals with HIV disease" and to "determine the needs of such populations, with particular attention to both individuals with HIV disease who know their HIV status and are not receiving HIV-related services" and "disparities in access and services among affected sub-populations and historically underserved communities."

Utilizing the resources granted by Title II of The Ryan White CARE Act, the Utah Department of Health's Treatment and Care Program conducts research and implements programs specifically designed to best serve those living with HIV/AIDS in the state. The particular goals of this report are to examine and identify those living with HIV/AIDS who know their HIV status and are currently not receiving services. Simply stated, the purpose of this report is an attempt to measure Utah's unmet need.

It is necessary to understand Utah's HIV/AIDS unmet needs and gaps in services in order to better develop best practice service delivery methods. The unmet needs and gaps in services component should be used in conjunction with the HIV/AIDS Surveillance Epidemiology Profile and the HIV/AIDS Treatment and Care Program Needs Assessment data to best understand the overarching HIV/AIDS issues facing the residents of the State of Utah.

The first section of this report details the prevalence of those individuals who are living in Utah with HIV/AIDS and aware of their diagnostic status (HIV+/aware) as of June 30, 2005; demographic profiles and narratives are provided. The second section provides a similar demographic analysis of those individuals HIV+/aware who have not received primary medical care. Those individuals are designated unmet need. The final section of this report discusses this studies conclusions and limitations.

The HIV/AIDS Treatment and Care Program, under the auspices of the Utah Department of Health's Bureau of Communicable Disease Control and in conjunction with the HIV/AIDS Surveillance Program, collaborated in the development of this report.

[1] Public Law 101-381: "Ryan White Comprehensive AIDS Resources Emergency Act of 1990." (104 Stat. 576; Date 1990). Text from: *United States Public Laws.* Available from: *LexisNexis™ Congressional* (Online Service). Bethesda, MD: Congressional Information Service.

Executive Summary

The information contained in this report details the Utah Department of Health's HIV+/aware (those who are aware of their HIV/AIDS status) incidence, prevalence and unmet need findings for the reporting period July 1, 2004 through June 30, 2005. The prevalence and unmet need information is presented by demographic group and subsequent relational information. The methodology for this report includes a discussion of the data collection and analysis process, the population framework and results for all reported individuals HIV+/aware and those designated unmet need.

A synopsis of the results of this report indicates that overall in-care rates for the HIV+/aware population of Utah increases as the disease progresses from a diagnosis of HIV to a diagnosis of AIDS. There were 1,716 reported cases of HIV/AIDS in the state (prevalence). Of those, 73 were new HIV/AIDS cases (incidence) reported for the year. The prevalence rate for males is 1,461 (85.14%) and the rate for females is 255 (14.86%). There were 651 (37.94%) people living with HIV/not AIDS (PLWH) and 1,065 (62.06%) people living with AIDS (PLWA). HIV+/aware females receive primary medical care services at a greater rate than HIV+/aware males. The designated category MSM/IDU (see operational definitions) shows a dramatic decrease in those receiving primary medical care once an individual has been diagnosed with AIDS. When age groups are separated and once a client is diagnosed with AIDS, a sharp increase of those seeking primary medical care exists among ages 30-49 years. The racial impact of HIV/AIDS is also dramatic. When an analysis of racial indicators is completed, Blacks are overrepresented 10:1 and Hispanics are overrepresented 5:1.

It is important to note that when a service gap analysis was completed, 2 individuals were found. An individual is designated to have a service gap when they are HIV+/aware and **not** receiving primary medical care services or other supportive services as detailed in the Ryan White database. Due to the confidential nature of the data, no additional demographic information will be provided on these two individuals. This extraordinarily low service gap number indicates that the Utah Department of Health's management and service delivery mechanisms including case management services, data collection systems, tracking and follow-up procedures and all outreach initiatives are highly effective.

Methodology

In order to ensure the accuracy of the information contained in this report two data sources were consulted. The first is the HIV/AIDS Reporting System (HARS), maintained by the HIV/AIDS Surveillance Program. This dataset alone is used to identify unmet need. The second dataset used is the Ryan White database maintained by the HIV/AIDS Treatment and Care Program. This dataset is used in conjunction with the HARS dataset in order to establish gaps in service. Each program functions under the auspices of the Utah Department of Health, Bureau of Communicable Disease Control.

In order to ensure the accuracy of the number of individuals who are HIV+/aware, the Utah Department of Health has developed protocols and procedures that continuously collect HIV/AIDS data from physicians and laboratories statewide. All cases of HIV/AIDS must be reported to the Utah Department of Health under the authority of the Communicable Disease Control Act[2]. Physicians and laboratories are responsible for reporting CD4 counts and Viral Load Test results and the Department of Health collects information regarding the use of antiretroviral medications as detailed in the data collected by the program coordinators implementing the AIDS Drug Assistance Program (ADAP).

The HARS dataset/information is collected daily and continuously updated, thereby ensuring the accuracy of the total number of individuals in the state that are HIV+/aware. To maintain the integrity of the data, a set of unique identifiers has been created to ensure that no duplication of client records exists. Utilizing these unique identifiers, client information is layered against variables establishing whether a client is considered in-care (receiving primary medical services) or not in-care (not receiving primary medical care services). For the purposes of this report a client is determined to have an unmet need if there have been **no** updates from primary care providers or state reporting laboratories within the last two years, date ending June 30, 2005, as required by the previously stated Utah State Law. A two-year time frame was established to account for reporting delays.

On June 30, 2005, a data report was generated using the HARS dataset in which 1,716 unique individuals were identified as being HIV+/aware, of which 1,369 individuals were considered to be in-care and 347 individuals were lost to follow-up or were considered to have an unmet need (see operational definitions for additional parameters). Additional analysis separated the 1,716 HIV+/aware population into People Living with HIV (PLWH) or People Living with AIDS (PLWA).

In order to establish an accurate service gap estimate a comparative analysis between the Ryan White dataset and the HARS dataset was performed. This was accomplished by aligning the HARS dataset profiles and the Ryan White dataset profiles across three uniquely identifying connectors and then matched by hand looking for service gaps. Again, a gap in service means that an individual is aware of their HIV/AIDS status (HIV+/aware) but has not received primary medical care or other supportive services in the previously defined time frame.

[2] Utah Code Annotated 26-6-3 and Administrative Rules R386-702-2 and R388-803

Operational Definitions

HIV+/aware: People that are HIV positive (diagnosed as either HIV or AIDS) and are aware of their HIV status.

In-care: A client is considered to be in-care when primary medical care is received during the defined 24-month period (July 1, 2003 through June 30, 2005).

Incidence: The extent or rate of occurrence, especially the number of new cases of a disease in a population over a period of time.

Not In-care/Out of care: A client is considered to be not in-care/out of care when primary medical care has **not** been received during the previously defined 24-month period.

PLWA: People living with AIDS who are aware of their diagnostic status.

PLWH: People living with HIV **not** diagnosed with AIDS and aware of their HIV diagnostic status.

Prevalence: The total number of persons in a defined population living with a specific disease or condition at a given time.

Primary Medical Care: An individual is considered to have received primary medical care if a client has received at least one of the following three components or services during the previously defined 24-month period.

1. Viral Load Testing (VLT)
2. CD4 count
3. Antiretroviral therapy

Service Gaps: Those individuals who are **not** receiving primary medical care or other supportive services.

Unmet Need: The need for primary medical care by individuals with HIV/AIDS who are aware of their diagnostic status but are **not** receiving primary medical care.

HIV+/aware Demographics

HIV+/aware by Population

Table 1 presents the total HIV+/aware population (prevalence) and the sub-categories People Living with HIV (PLWH) and People Living with AIDS (PLWA). This information shows there were 1,716 people (prevalence) who are HIV positive and aware of their HIV status (HIV+/aware). HIV+/aware in-care totals indicate that 1,369 people (79.78%) had received some type of primary medical care during the previously defined 12-month period. Additionally, 347 people (20.22%) had **not** received primary medical care and are considered to have an unmet need. The prevalence for PLWH was 651 (37.94%) with 474 (27.62%) in-care and 177 (10.31%) considered to have an unmet need. The prevalence for PLWA was 1,065 (62.06%) with 895 (52.16%) in-care and 170 (9.91%) considered to have an unmet need.

HIV+/Aware Prevalence designated by PLWH, PLWA and In-care, Unmet Need

Table 1

	In-care Prevalence	% HIV+/Aware In-care	Unmet Need Prevalence	% HIV+/Aware Unmet Need	HIV+/Aware Prevalence	% HIV+/Aware Prevalence
PLWH	474	27.62	177	10.31	651	37.94
PLWA	895	52.16	170	9.91	1,065	62.06
Total	1,369	79.78	347	20.22	1,716	100.00

Table 2 presents the percentages of PLWH and PLWA both in-care and unmet need. Of the 1,369 individuals HIV+/aware in-care, there were 474 (34.62%) individuals PLWH and 895 (65.38%) individuals PLWA. Of the 347 individuals HIV+/aware unmet need population there were 177 (51.01%) individuals PLWH and 170 (48.99%) individuals PLWA.

HIV+/aware by In-care and Unmet Need

Table 2

In-Care

	In-care	% In-care
PLWH	474	34.62
PLWA	895	65.38
HIV+/Aware	1,369	100.00

Unmet Need

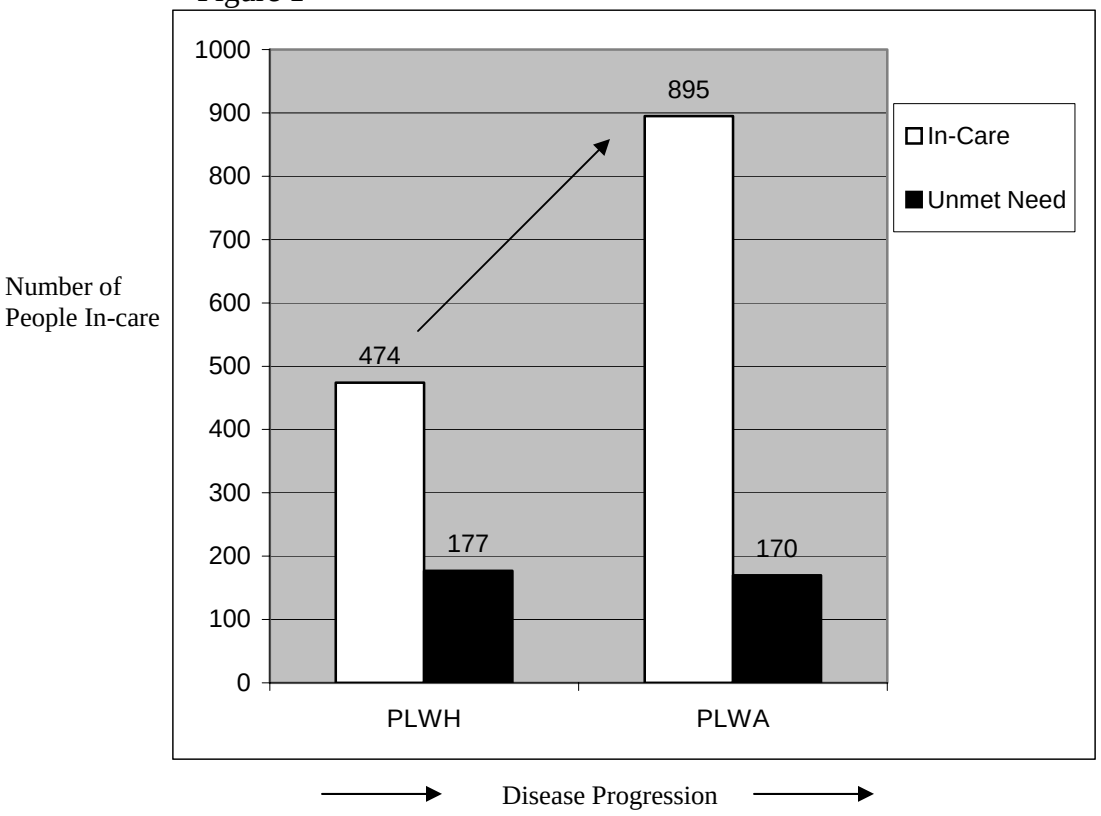
	Unmet Need	% Unmet Need
PLWH	177	51.01
PLWA	170	48.99
HIV+/Aware	347	100.00

The face validity of these numbers appears to be accurate. There is a correlational relationship between PLWH and unmet need, (individuals designated PLWH should show a lower in-care percentage relative to a higher unmet need percentage). Consequently, there is an opposite correlational relationship between PLWA and unmet need, (individuals designated PLWA should show a higher in-care percentage relative to a lower unmet need percentage). Simply stated, due to the progressive nature of the disease, those designated PLWA are more likely to have received some type of primary medical care than those designated PLWH, because as the disease progresses (greater symptomology once diagnosed AIDS) unmet need decreases.

Figure 1 shows the correlation between the progression of the disease from PLWH to PLWA in relation to increased in-care and unmet need totals.

Correlational Relationship between PLWH/PLWA an In-care/Unmet Need

Figure 1



While the PLWH and PLWA unmet totals may appear to be similar (177 vs. 170) it is important to note the percentage of PLWH to unmet need (37.34%) in relation to the percentage of PLWA to unmet need (18.99%) decreases dramatically. This percentage is calculated by PLWH unmet need prevalence (177) by PLWH in-care prevalence (474) and PLWA unmet need prevalence (170) by PLWA in-care prevalence (895). Consequently, once the diagnosis of AIDS is made the percentage of those in-care increases dramatically.

HIV+/Aware by Gender

Table 3

HIV+/Aware

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
Male	1,461	85.14	1,155	84.37	306	88.18
Female	255	14.86	214	15.63	41	11.82
Total	1,716	100.00	1,369	100.00	347	100

PLWH

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
Male	532	81.72	383	80.80	149	84.18
Female	119	18.28	91	19.20	28	15.82
Total	651	100.00	474	100.00	177	100

PLWA

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
Male	929	87.23	772	86.26	157	92.35
Female	136	12.77	123	13.74	13	7.65
Total	1,065	100.00	895	100.00	170	100

Table 3 details the HIV+/aware, PLWH and PLWA populations separated by gender and in-care and unmet need. Contained within the 1,716 individuals HIV+/aware, there are 1,461 males (85.14%) and 255 females (14.86%). There are 1,155 males (84.37%) and 214 females (15.63%) in-care and 306 males (88.18%) and 41 females (11.82%) designated unmet need.

Prevalence ratios for HIV+/aware population separated by PLWH/PLWA and Gender

Table 4

HIV+/Aware

	In-care	% HIV+/Aware Prevalence	Unmet Need	% HIV+/Aware Prevalence	Prevalence Totals	% HIV+/Aware Prevalence
Males	1,155	**79.06**	306	**20.94**	1,461	100.00
Females	214	**83.92**	41	**16.08**	255	100.00
Totals	1,369	79.78	347	20.22	1,716	100.00

PLWH

	In-care	% HIV+/Aware Prevalence	Unmet Need	% HIV+/Aware Prevalence	Prevalence Totals	% HIV+/Aware Prevalence
Males	383	**71.99**	149	**28.01**	532	100.00
Females	91	**76.47**	28	**23.53**	119	100.00
Totals	474	72.81	177	27.19	651	100.00

PLWA

	In-care	% HIV+/Aware Prevalence	Unmet Need	% HIV+/Aware Prevalence	Prevalence Totals	% HIV+/Aware Prevalence
Males	772	**83.10**	157	**16.90**	929	100.00
Females	123	**90.44**	13	**9.56**	136	100.00
Totals	895	84.04	170	15.96	1,065	100.00

When looking at in-care and unmet need percentage to prevalence ratios, females have a higher in-care to HIV+/aware ratio than males and a lower unmet need to HIV+/aware ratio than males. This is calculated by dividing the HIV+/aware male and female in-care rates by the male and female HIV+/aware prevalence totals. The same calculations are done for the HIV+/aware unmet need population as well as the PLWH and PLWA categories. What these percentages represent (bolded figures) is that females are in-care at a higher rate than males and have a lower unmet need than males, once aware of their HIV status. While this information does shed some light on gender issues surrounding HIV/AIDS, additional research is needed to accurately assess why females are more likely than males to seek and/or receive services.

HIV+/Aware by Exposure/Risk Category

Table 5

HIV+/Aware

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
MSM*	958	55.83	773	56.46	185	53.31
IDU**	257	14.98	178	13.00	79	22.77
MSM/IDU	178	10.37	154	11.25	24	6.92
Heterosexual	162	9.44	136	9.93	26	7.49
Other	42	2.45	33	2.41	9	2.59
Unknown	119	6.93	95	6.94	24	6.92
Total	1,716	100.00	1,369	100.00	347	100.00

PLWH

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
MSM	344	52.84	243	51.27	101	57.06
IDU	84	12.90	48	10.13	36	**20.34**
MSM/IDU	79	12.14	74	15.61	5	**2.82**
Heterosexual	68	10.45	52	10.97	16	9.04
Other	9	1.38	7	1.48	2	1.13
Unknown	67	10.29	50	10.55	17	9.60
Total	651	100.00	474	100.00	177	100.00

PLWA

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
MSM	614	57.65	530	59.22	84	49.41
IDU	173	16.24	130	14.53	43	**25.29**
MSM/IDU	99	9.30	80	8.94	19	**11.18**
Heterosexual	94	8.83	84	9.39	10	5.88
Other	33	3.10	26	2.91	7	4.12
Unknown	52	4.88	45	5.03	7	4.12
Total	1,065	100.00	895	100.00	170	100.00

* (MSM) Men who have Sex with Men
** (IDU) Injecting Drug Users

The information in Table 5 details the HIV+/aware Exposure/Risk category. The largest percentage of individuals is contained in the MSM category where there were 958 individuals (55.83%) and the IDU category where there were 257 individuals (14.98%). Again, note the correlational relationship between in-care rates and unmet need rates. When looking to the PLWH IDU and PLWH MSM/IDU categories in relation to the PLWA IDU and PLWA MSM/IDU categories notice the increase in unmet need percentages (bolded figures). As the disease progresses from HIV to AIDS among intravenous drug users there is an indication of a greater unmet need. Further research will be needed to explain this increase.

HIV+/Aware by Geographic Location

Table 6

HIV+/Aware

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
Wasatch Front	1,553	90.50	1,267	92.55	286	82.42
Non-Wasatch Front	163	9.50	102	7.45	61	17.58
Totals	1,716	100.00	1,369	100.00	347	100.00

PLWH

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
Wasatch Front	566	86.94	416	87.76	150	84.75
Non-Wasatch Front	85	13.06	58	12.24	27	15.25
Totals	651	100.00	474	100.00	177	100.00

PLWA

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
Wasatch Front	987	92.68	851	95.08	136	80.00
Non-Wasatch Front	78	7.32	44	4.92	34	20.00
Totals	1,065	100.00	895	100.00	170	100.00

The data contained in Table 6 details unmet need by Geographic Location. The State of Utah has 29 counties collapsed into 2 geographic regions, Wasatch Front and Non-Wasatch Front. The Wasatch Front consists of 4 of the 29 counties and is primarily considered metropolitan. The remaining 25 counties make up the Non-Wasatch Front and are considered to be rural. According to the U.S. Census Bureau, the population for Utah is approximately 2.4[3] million and the population of the Wasatch Front is estimated at 1.8 million. Simply stated, the overwhelming population majority in Utah lives in a relatively small area considered the Wasatch Front [note the percentage PLWA, unmet need, Non-Wasatch Front (20.00%)]. This figure indicates that there is an increased unmet need in the Non-Wasatch Front, based on a percentage to prevalence calculation. More information is needed to adequately understand this increase.

[3] U.S Census Bureau American Fact Finder: Profile of General Demographic Characteristics (2004)

HIV+/Aware by Age

Table 7

HIV+/Aware

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
0-9 years	11	0.64	11	0.80	0	0.00
10-19 years	34	1.98	25	1.83	9	2.59
20-29 years	434	25.29	327	23.89	107	30.84
30-39 years	727	42.37	583	42.59	144	41.50
40-49 years	395	23.02	322	23.52	73	21.04
50-59 years	97	5.65	84	6.14	13	3.75
60+ years	18	1.05	17	1.24	1	0.29
Totals	1,716	100.00	1,369	100.00	347	100.00

PLWH

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
0-9 years	7	1.08	7	1.48	0	0.00
10-19 years	22	3.38	15	3.16	7	3.95
20-29 years	246	37.79	176	37.13	70	39.55
30-39 years	**244**	37.48	174	36.71	70	39.55
40-49 years	**101**	15.51	73	15.40	28	15.82
50-59 years	**27**	4.15	25	5.27	2	1.13
60+ years	4	0.61	4	0.84	0	0.00
Totals	651	100.00	474	100.00	177	100.00

PLWA

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
0-9 years	4	0.38	4	0.45	0	0.00
10-19 years	12	1.13	10	1.12	2	1.18
20-29 years	188	17.65	151	16.87	37	21.76
30-39 years	**483**	45.35	409	45.70	74	43.53
40-49 years	**294**	27.61	249	27.82	45	26.47
50-59 years	**70**	6.57	59	6.59	11	6.47
60+ years	14	1.31	13	1.45	1	0.59
Totals	1,065	100.00	895	100.00	170	100.00

The information contained in Table 7 details the HIV+/aware population by age group and the PLWH and PLWA sub-categories. The Age category represents the age at the time of diagnosis and is not reflective of the age of the individual at the time of this report. Note PLWH ages 30-59 in comparison to PLWA ages 30-59. At the time of initial diagnosis (age) there is a dramatic increase of those being diagnosed AIDS over those being diagnosed HIV (bolded figures) as ages increase. Due to the progressive nature of the disease and increased symptomology, as the disease progresses from HIV to AIDS, it can be said that there is a greater need for earlier testing prior to the onset of AIDS. Education, outreach and awareness of the need for testing may alter this pattern. A trend analysis would be helpful to see if this pattern is changing over time. Consequently, there is an inverse relationship between in-care rates and unmet need rates.

HIV+/Aware by Race

Table 8

HIV+/Aware

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
White-non Hispanic	1,250	72.84	1,021	74.58	229	65.99
Black non-Hispanic	135	7.87	101	7.38	34	9.80
Hispanic	269	15.68	202	14.76	67	19.31
Asian/Pacific Islander	21	1.22	17	1.24	4	1.15
Am. Indian/Alaskan Native	26	1.52	19	1.39	7	2.02
Not Specified	15	0.87	9	0.66	6	1.73
Totals	1,716	100.00	1,369	100.00	347	100.00

PLWH

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
White-non Hispanic	454	69.74	332	70.04	122	68.93
Black non-Hispanic	57	8.76	41	**8.65**	16	**9.04**
Hispanic	109	16.74	80	**16.88**	29	**16.38**
Asian/Pacific Islander	8	1.23	6	1.27	2	1.13
Am. Indian/Alaskan Native	8	1.23	6	1.27	2	1.13
Not Specified	15	2.30	9	1.90	6	3.39
Totals	651	100.00	474	100.00	177	100.00

PLWA

	Prevalence	% Prevalence	In-care	% In-care	Unmet Need	% Unmet Need
White-non Hispanic	796	74.74	689	76.98	107	62.94
Black non-Hispanic	78	7.32	60	**6.70**	18	**10.59**
Hispanic	160	15.02	122	**13.63**	38	**22.35**
Asian/Pacific Islander	13	1.22	11	1.23	2	1.18
Am. Indian/Alaskan Native	18	1.69	13	1.45	5	2.94
Not Specified	0	0.00	0	0.00	0	0.00
Totals	1,065	100.00	895	100.00	170	100.00

Table 8 details the HIV+/aware prevalence by race. Using these estimations it can be shown that both Blacks and Hispanic/Latinos are disproportionately overrepresented in the HIV+/aware, PLWH, and PLWA populations. When a percentage to prevalence ratio is calculated using the figures presented by the U.S. Census Bureau (Table 9), the ratio of Whites in relation to other racial categories are as follows: for every 100 Whites there is 1 Black, 10.5 Hispanic/Latinos, 2 Asian Pacific Islanders, and 1.5 American Indian/Alaskan Native. When the ratio of Whites to Blacks (100:1) is compared to White prevalence (1,250 individuals), and Black prevalence (135 individuals), Blacks are overrepresented by approximately 10:1. When the same calculations are made White

prevalence (1,250 individuals) to Hispanic/Latino prevalence (269 individuals) Hispanic/Latino's are overrepresented by approximately 5:1. Additionally (note bolded figures), as the disease progresses from HIV to AIDS both Blacks and Hispanic/Latino's showed decreased in-care rates and increased unmet need rates. Additional analysis is needed to examine whether these figures are statistically different from national indicators.

According to the U.S. Census Bureau (Table 9), population estimates for Utah, as contained in the 2004 population estimate category, indicates Utah's population to be approximately 2.4 million. The categories detailed below are U.S Census Bureau categories and approximated for the year 2004.

U.S. Census Bureau Population Estimates (2004)

Table 9

U.S Census Category	% of Estimated Utah Population	Estimated Utah Population
White	89.2	1,990,000
Black non-Hispanic	0.8	17,657
Hispanic or Latino	9.0	201,559
Asian/Pacific Islander	1.7	37,108
American Indian/Alaskan native	1.3	29,684

U.S Census Bureau American Fact Finder: Profile of General Demographic Characteristics (2004)

Unmet Need Demographic Analysis

This section details Utah's unmet need. Again, unmet need is defined as the difference between those HIV+/aware and receiving primary medical care and those HIV+/aware and not receiving primary care. This unmet need demographic analysis details Utah's unmet need prevalence detailed by the demographic categories Gender, Exposure/Risk, Geographic location, Age, Race and distinguished by PLWH and PLWA. The unmet need analysis indicates that during the reporting period July 1, 2003 through June 30, 2005, there were 347 individuals aware of their HIV status and not receiving some type of primary medical care.

Unmet Need by Gender

Table 10

	PLWH	PLWA	Total Unmet Need
Males	149	157	306
Females	28	13	41
Totals	177	170	347

Table 10 details unmet need by PLWH and PLWA as it relates to gender. Utah's total unmet need was 347 individuals with 177 individuals (51.01%) PLWH and 170 individuals (48.99%) PLWA. There were 306 males (88.18%) and 41 females (11.81%). Note the PLWH/PLWA percentage distribution. These percentage figures maybe misleading: remember that the percentage distribution of unmet in relation to PLWH and PLWA prevalence is 37.34% vs. 18.99%. Overall, once diagnosed with AIDS, in-care rates increase. However, females are in-care at a greater rate than males once the diseases progresses to AIDS. Additional analysis will be needed to understand why females are receiving primary medical care at a greater rate than males.

Unmet Need by Exposure/Risk Category

Table 11

	PLWH	% Unmet Need	PLWA	% Unmet Need	Totals	% Unmet Need
MSM	101	29.11	84	24.21	185	53.31
IDU	36	**10.37**	43	**12.39**	79	22.77
MSM/IDU	5	**1.44**	19	**5.48**	24	6.92
Heterosexual	16	4.61	10	2.88	26	7.49
Other	2	0.58	7	2.02	9	2.59
Unknown	17	4.90	7	2.02	24	6.92
Totals	177	51.01	170	48.99	347	100.00

As previously stated, intuition tells us that there should be a positive correlation between the advancement of the disease and those seeking treatment. However, as demonstrated in Table 11, note the increase in those designated unmet need among the IDU and MSM/IDU categories (bolded figures). There are 36 PLWH/IDU individuals (10.37%) and 43 PLWA/IDU individuals (12.39%). Additionally, when MSM is figured into the analysis the 5 PLWH MSM/IDU individuals (1.44%) and 19 PLWA MSM/IDU individuals (5.48%), indicates a rather significant increase. Care must be taken when generalizing to the larger population when the numbers are so small. However, this indicates to this researcher that the greatest need for intervention/research seems to occur in the IDU population.

Unmet Need by Geographic Region

Table 12

	PLWH	% Unmet Need	PLWA	% Unmet Need	Totals	% Unmet Need
Wasatch Front	150	43.23	136	39.19	286	82.42
Non-Wasatch Front	27	**7.78**	34	**9.80**	61	17.58
Totals	177	51.01	170	48.99	347	100.00

The information presented in Table 12 shows that there were a total of 286 individuals (82.42%) living along the Wasatch Front (WF) and a total of 61 individuals (17.58%) living in the Non-Wasatch Front (NWF). Again, note the percentage increase in unmet need NWF (bolded figures), from PLWH (7.78%) to PLWA (9.80%). This indicates that those living in the NWF have a higher unmet need rate than those living in the WF. Many things can account for this: access to medical care, socio-economic background or a lack of understanding of the disease. More research is needed in order to better understand this variable. Possibly by layering this information along multiple socio-economic and demographic indicators additional information would be found.

Unmet Need by Age

Table 13

	PLWH	% Unmet Need	PLWA	% Unmet Need	Totals	% Unmet Need
Ages 0-19	7	2.02	2	0.58	9	2.59
Ages 20-29	70	20.17	37	10.66	107	30.84
Ages 30-39	70	**20.17**	74	**21.33**	144	41.50
Ages 40-49	28	**8.07**	45	**12.97**	73	21.04
Ages 50+	2	**0.58**	12	**3.46**	14	4.03
Totals	177	51.01	170	48.99	347	100.00

The distribution of ages detailed in both the PLWH and PLWA category (Table 13) is similar in nature to the distribution across the HIV+/aware population detailed earlier in this report. The distribution of ages is also similar in nature to the HIV+/aware population detailed earlier in this report. Beginning with Ages 30-39, note the increase in unmet need percentage from PLWH to PLWA. There is also an increase in percentage of unmet need in Ages 40-49 and 50+ categories. As with unmet need detailed by Geographic Region, it would be beneficial to have a deeper understanding of the demographic and socio-economic makeup of the age groups that show a percentage increase in unmet need.

Unmet Need by Race

Table 14

	PLWH	% Unmet Need	PLWA	% Unmet Need	Totals	% Unmet Need
White, not Hispanic	122	35.16	107	30.84	229	65.99
Black, not Hispanic	16	4.61	18	5.19	34	9.80
Hispanic	29	8.36	38	10.95	67	19.31
Other	10	2.88	7	2.02	17	4.90
Totals	177	51.01	170	48.99	347	100.00

Of those identified as having an unmet need, there were 229 Whites (65.99%), 34 Blacks (9.80%) and 67 Hispanics (19.31%). In relation to the general population both Blacks and Hispanics are again overrepresented. The Other category represents an aggregated total of Asian/Pacific Islander, Native American/Alaskan Native and Not Specified. Contained in the Black and Hispanic/Latino categories, the percentage of unmet need increases from PLWH to PLWA.

Conclusions and Limitations

In a HARS report detailing Utah's HIV/AIDS incidence and prevalence data through December 31, 2004 there were 73 new AIDS cases reported (incidence). There were 62 new male cases (84.93%) and 11 new female cases (15.07%). The 73 new HIV/AIDS cases is an increase of 4.2% or 3 cases from the previous reporting year. In a state with a population of approximately 2.4 million, these numbers may seem to be small. However, in a statement by Jim Yong Kim director of the HIV/AIDS Department of the World Health Organization he states, "According to U.N. figures, over 90% of all those who are HIV-positive in the world do not know their status" ("AIDS: The Strategy is Wrong," 2005).[4] Understandably this 90% indicator number refers to world statistics where incidence and prevalence are much greater than the incidence and prevalence rates in Utah. To date there is no clear scientific instrument or measure that can accurately assess the numbers of individuals living with HIV/AIDS and are **not** aware of his or her HIV status.

This is what we do know. As of June 30, 2005, there were 1,716 HIV+/aware individuals living in Utah; 1,369 were in-care and receiving some type of primary medical care and 347 were identified as having an unmet need. There were 1,461 males and 255 females. Females, once aware of their diagnosis, are in-care at a greater rate than males and MSM/IDU's are not in-care at the greatest rate than any other demographic category. The overwhelming majority of the HIV+/aware population lives along the Wasatch Front and is White, 20-49 years of age. When percentages to prevalence ratios are produced, it is found that minorities (Black, Hispanic/Latino) are overrepresented and are not receiving primary medical care at the same rate as the White male majority population.

Utilizing HRSA definitions for service gaps, the State of Utah has identified two individuals that have not received some type of primary medical care or other supportive service. Care must be taken when explaining this low number due to report error, lapse in reporting, or data processing issues. Those in rural communities are not receiving primary medical care at the same rate as those in metropolitan regions. This also may be explained by looking at the connection between multiple demographic and socio-economic indicators.

There are several reasons for further study noted in this report. First, it must be taken into account the greater prevalence rates contained in the PLWA category as opposed to the prevalence rates of the PLWH category. However, when adjusted for percentage to prevalence several items need to be noted. Females have a higher percentage to prevalence in-care ratio than males and it is unclear as to why females appear to be accessing care at a greater rate that males and why females have a lower unmet need rate than males, once diagnosed with AIDS. Individuals designated MSM/IDU are showing a dramatic decrease in in-care rates. When looking at the HIV+/aware by age data it would be important to understand why there is such an increase in individual's ages 30-59 years finding out their HIV/AIDS status only after the onset of AIDS. A more in-depth cross tabulation analysis should shed some light on these issues.

[4] AIDS: The Strategy is Wrong. 2005, November 29. *Washington Post, p. A21.*

There are limitations to this report, the greatest of which is that all of the information is dynamic. It is constantly changing: new cases arrived today that are not reflected in this report and a percentage of those diagnosed as HIV at the time of the data extraction are now new AIDS cases, people move and people die. The State of Utah has established protocols and procedures that can accurately assess HIV+/aware incidence and prevalence with great precision. Utilizing this moment in time technique of examining the data across multiple years and multiple time frames this trend analysis provides lawmakers, researchers, clinicians and service providers with a valuable tool to address the HIV/AIDS needs of residents of Utah.